

Name
in
Full

Eliza H Bean

CERTIFICATE OF DEATH

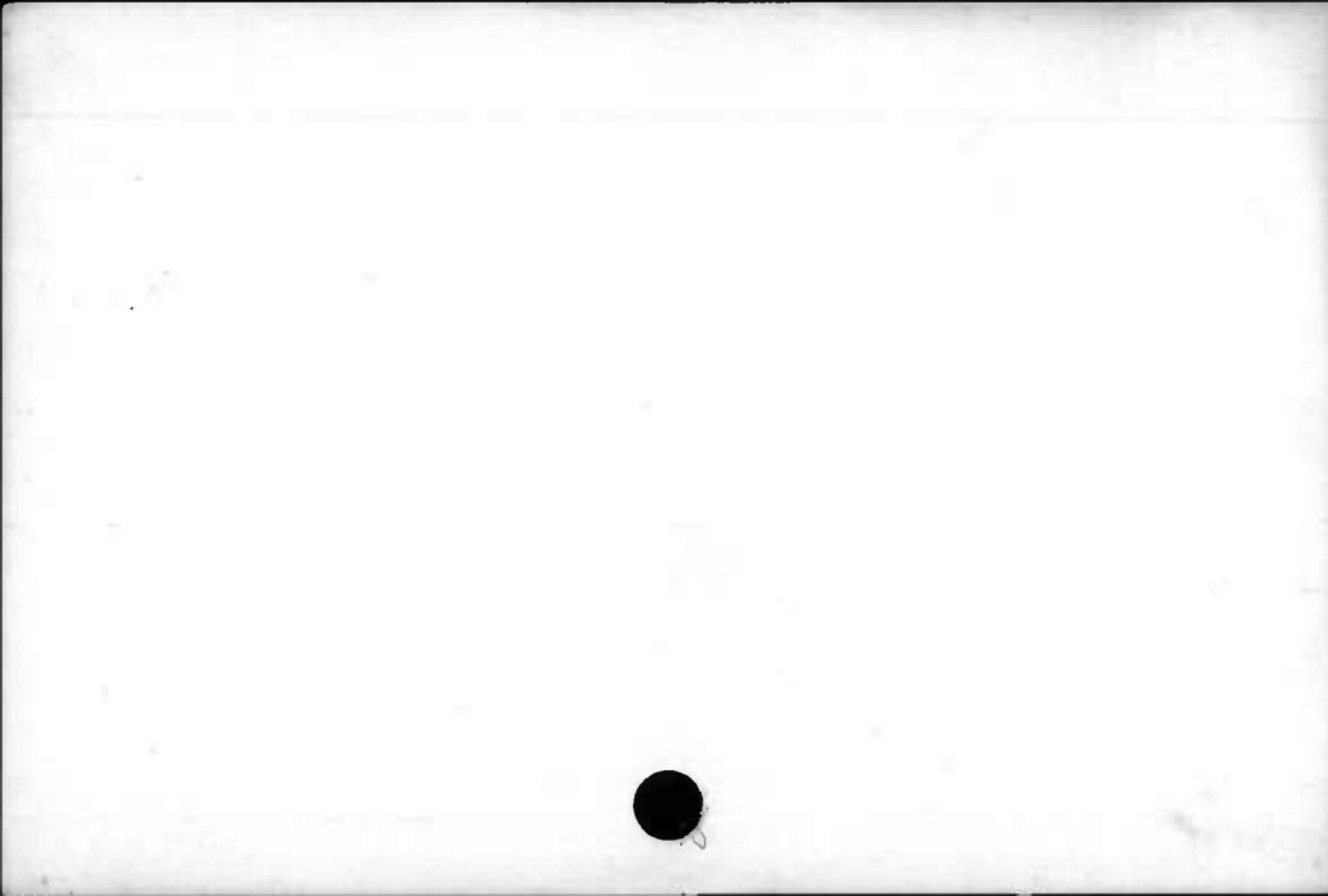
TO BE ANSWERED BY
NEAREST FRIEND

Died at <u>Potterville</u>		Town	County <u>Montgomery</u>		MARYLAND	
Date of death 1903	Month <u>March</u>	Day <u>29th</u>	Years <u>21</u>	Age	Months <u>11</u>	Days
Sex <u>Female</u>	Color or Race <u>White</u>	Occupation <u>Housewife</u>		Birth-place <u>Maryland</u>		
Married <u>Single</u> or Widowed						
Name of <u>John</u> Husband	<u>John Bean</u>					
Father's Name <u>James Greaves</u>				Father's Birthplace <u>Maryland</u>		
Mother's Maiden Name <u>Eliza Bowman</u>				Mother's Birthplace <u>Maryland</u>		
Name of person giving information <u>Her husband</u>				How related to deceased		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary	<u>Consumption</u>	27	How long	<u>Six months</u>
Immediate	<u>Weakness</u>		How long	
Are the name, age, sex, color, date and place correctly given above?	<u>Yes</u>	Signature of Physician	<u>E. S. Stansfield</u>	
		Address	<u>Potterville Md.</u>	
J				
Accident or Suicide?				



Name
in
Full

Jasper Brown

CERTIFICATE OF DEATH

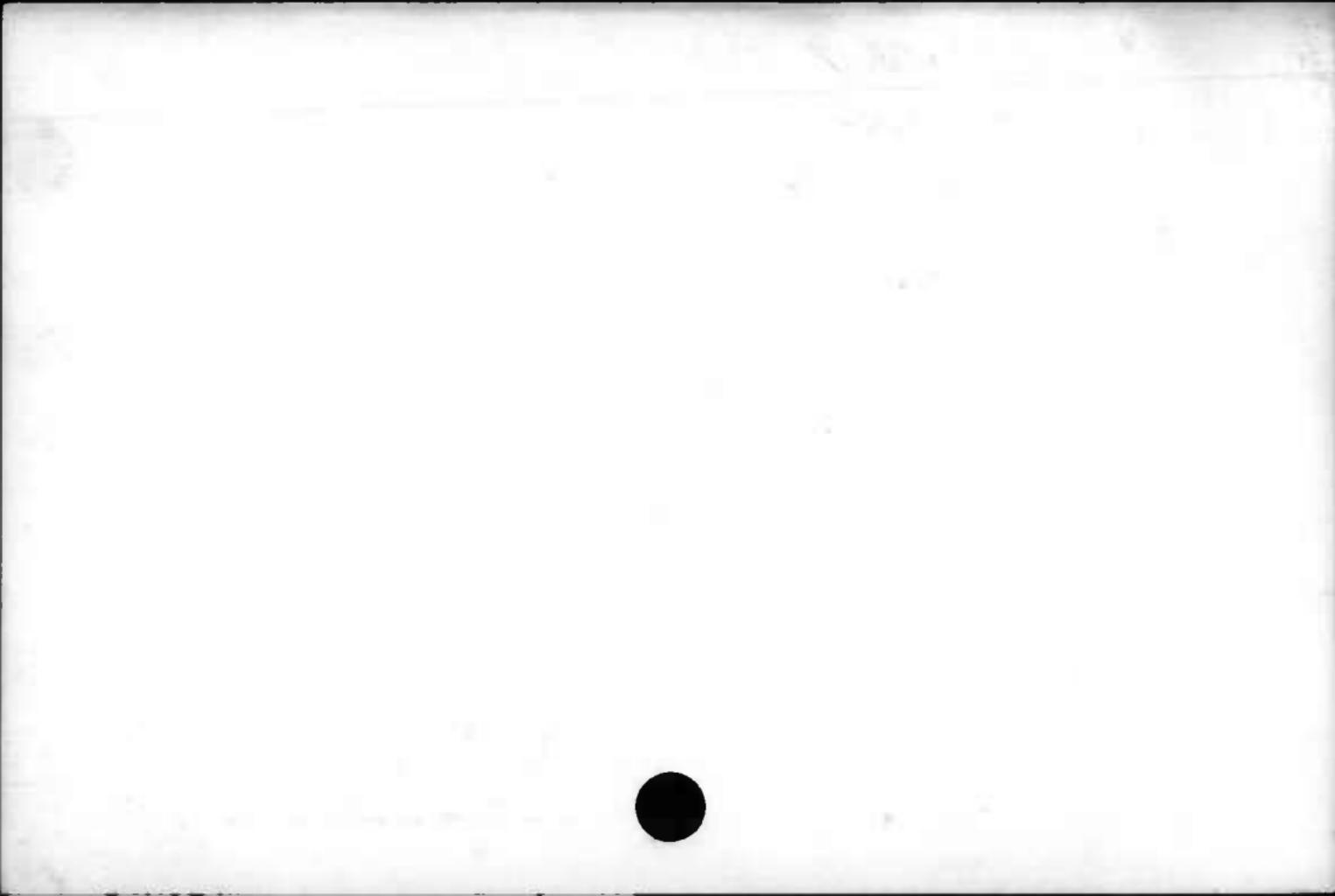
TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND		
Date of death 1903	Month 03	Day 13	Age 4	Years —	Months — Days —
Sex Male	Color or Race Negro	Occupation —	Birthplace Same		
Married, Single or Widowed —					
Name of Wife or Husband —					
Father's Name John Brown	27	Father's Birthplace Same			
Mother's Maiden Name Mariah —	Mother's Birthplace —				
Name of person giving Information U D. House M.D.	How related to deceased				

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary Pulmonary tuberculosis	How long 1 yr since March
Immediate Asphyxia	How long
Are the name, age, sex, color, date and place correctly given above? Yes	Signature of Physician U D. House M.D.
	Address Dawsonville Md
Accident or Suicide?	



Name
in
Full

Mary Elizabeth Cissel

CERTIFICATE OF DEATH

To BE ANSWERED BY

NEAREST FRIEND

Died at Ashley Town

County Maryland

MARYLAND

Date of death 1903	Month 3	Day 18	Age	Years	Months	Days
-----------------------	------------	-----------	-----	-------	--------	------

Sex Female

Color or
Race

White

Birth-
place

Md

Married, Single
or Widowed

Single

Occupation

Name of Wife or
Husband

Father's
Name

R. E. Cissel

Father's
Birthplace

Md

Mother's
Maiden Name

Mannie Gujler

Mother's
Birthplace

Md

Name of person giving
Information

R. E. Cissel

How related
to deceased

child

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Pneumonia

How long

1muk

Immediate

Apnoea

q3

How long

-

Are the name, age, sex, color, date
and place correctly given above?

yes

Signature of
Physician

M. E. Cissel

Address

Highland

Accident or Suicide?

Md



Mrs. Frances Garrett

Town

County

Hunting Hill, Monong Co., MARYLAND

Died at

Month

Day

Y.

M.

D.

Native of

Occupation

Date 1903

Month

Day

Age 84

~~Male~~

White

~~Married~~

Widow

~~Divorced~~

Female

~~Colored~~~~Single~~~~Widower~~

Number of children living

Husband
of
Wife

Father's

Mother's

Name

Name

Cause of

Primary

Cerebral haemorrhage

How long sick

5 days

Death

Immediate

Exhaustion

Accident, Suicide, Homicide

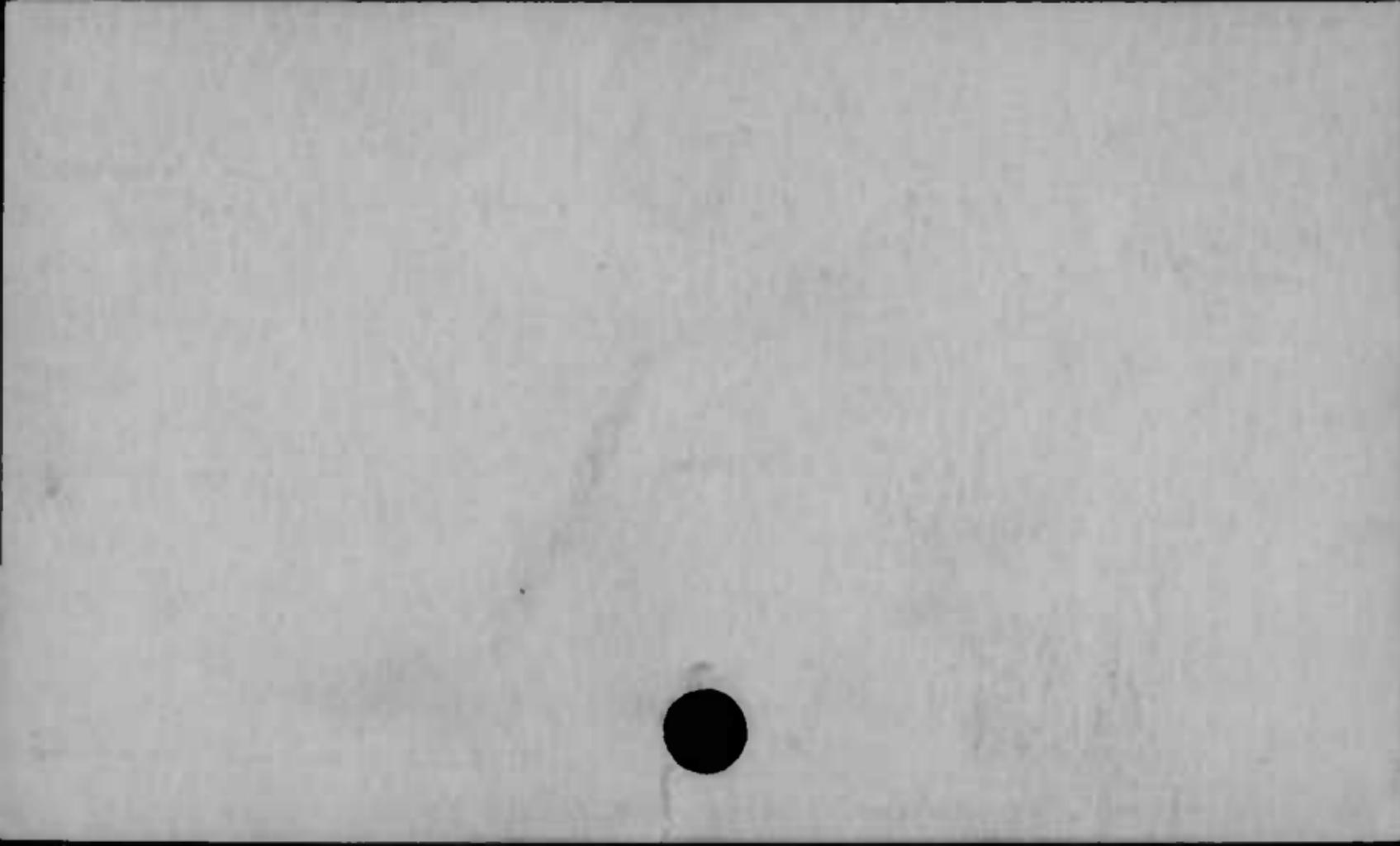
Reported by

W.R. Andrews, M.D.


Address


 Cockeet, Md.

Must be signed by physician, if any in attendance, otherwise by co operator, undertaker or minister.



Name
in
Full

Filman Hebrons

CERTIFICATE OF DEATH

TO BE ANSWERED BY
NEAREST FRIEND

Died at	Town	County	MARYLAND
Date of death 1903	Month 3	Day 6	Years 37
Sex male	Color or Race nego	Occupation laborer	Months —
Married, <input checked="" type="checkbox"/> Widowed		Birth- place Bokure	Days —
Name of Wife or Husband	Melia Hebrons		
Father's Name	Patrick Hebrons		
Mother's Maiden Name	Matilda Hebrons		
Name of person giving Information	W.D. House M.D.		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary

Typhoid fever

How long

14 da

Immediate

perforation of bowel + septicemia

Are the name, age, sex, color, date
and place correctly given above?

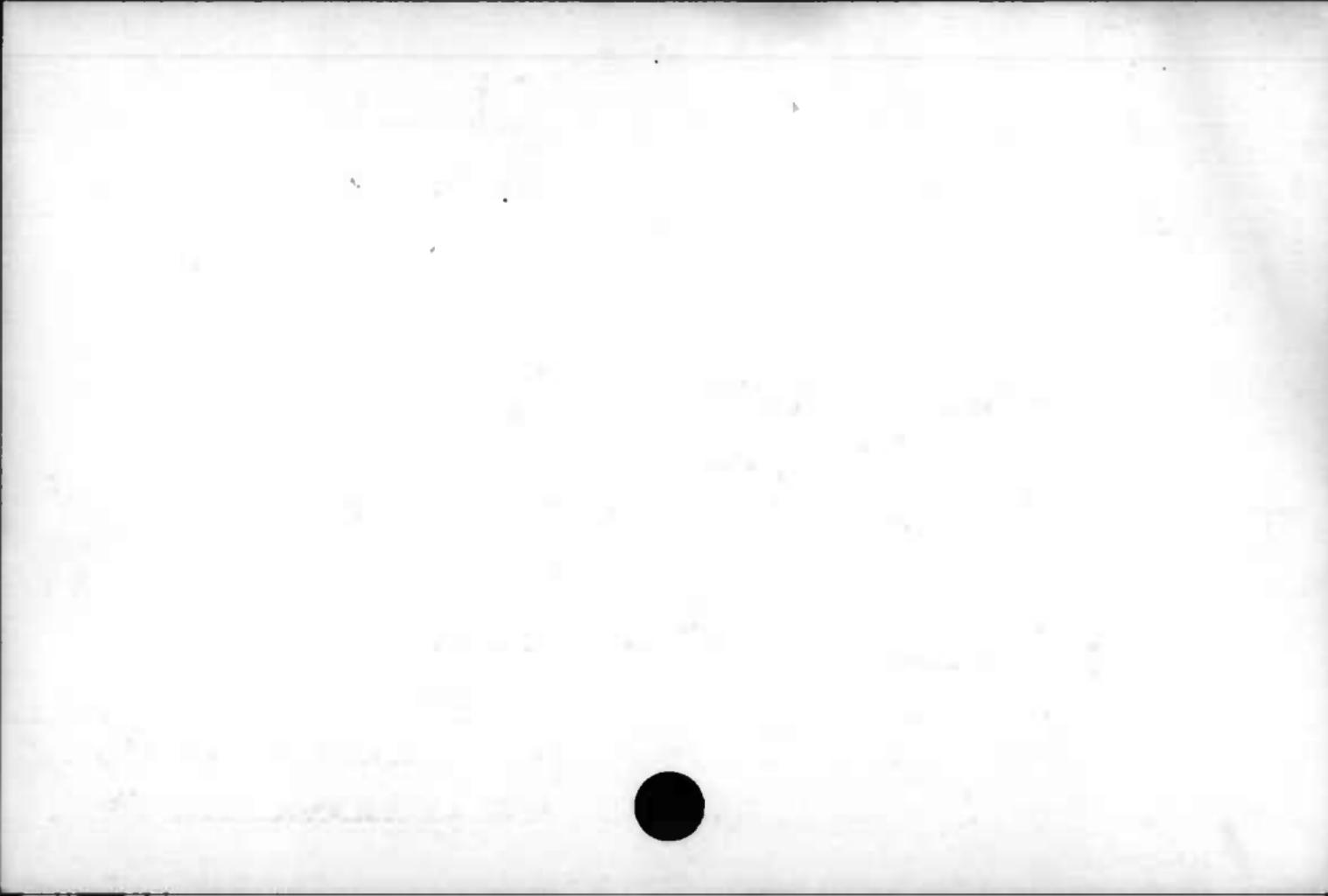
Signature of
Physician

Address

W.D. House M.D.
Dawsonville Md

9

Accident or Suicide?



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER

J

Accident or Suicide?

Francis Ann Howard

CERTIFICATE OF DEATH

MARYLAND

Died at	Town	County
Spencerville	Montgomery	-
Date of death 1903	Month March	Day 27
	Years	Age 79
Sex Female	Color or Race Black	Birth-place Md

~~Married, Single~~
~~Widowed~~

Occupation

~~Name of Wife or Husband~~

Grenberry Howard

Father's Name

John Meltonius

Father's Birthplace

Md

Mother's Maiden Name

--

Mother's Birthplace

Name of person giving Information

Henry Howard

How related to deceased

son

CAUSES OF DEATH

Primary

old age

How long

54

Immediate

heart failure

How long

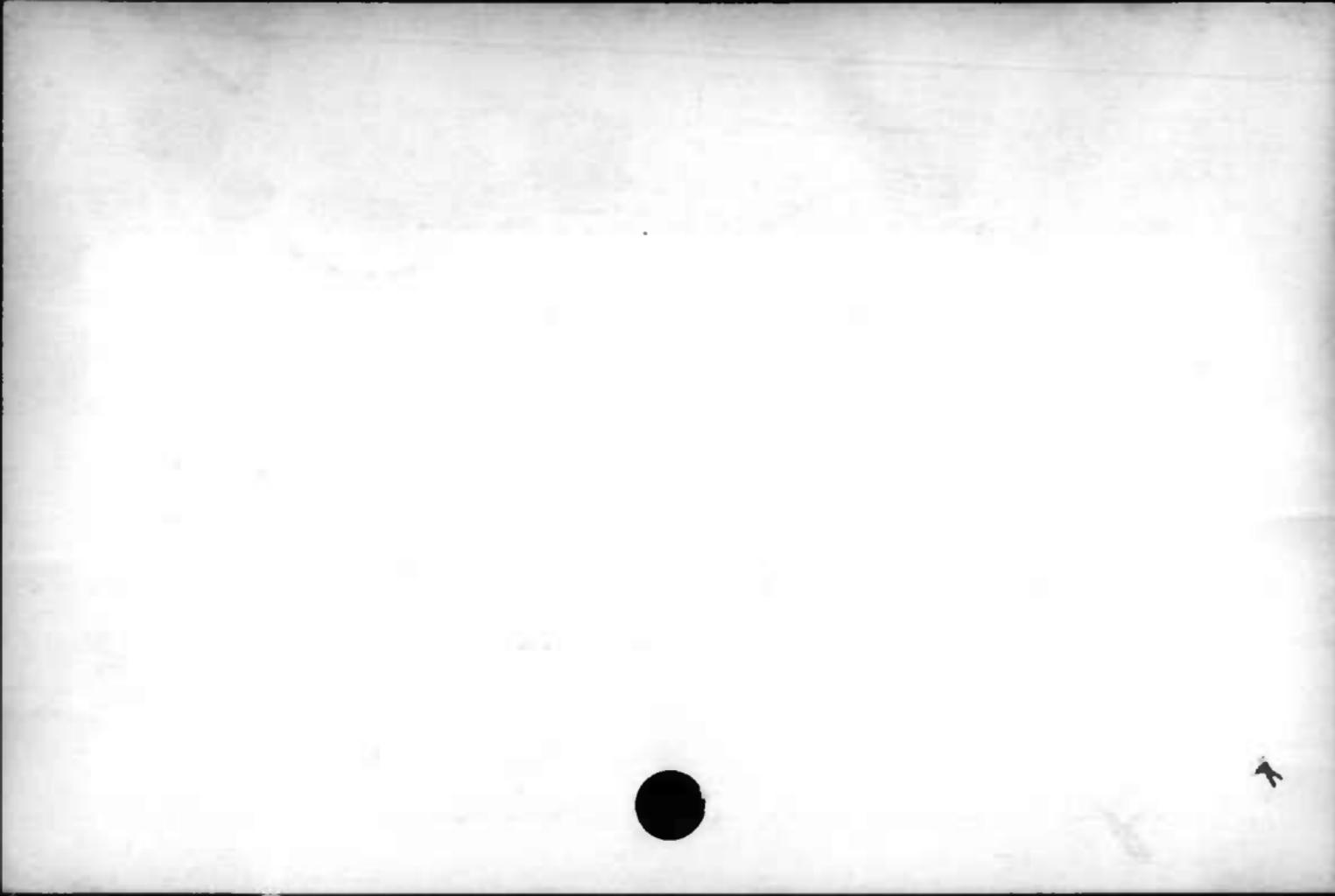
Are the name, age, sex, color, date and place correctly given above?

yes

Signature of Physician

Address

J. R. Battin
Spencerville



Salena H. King
Town County

Died at

Sandy Spring

MARYLAND

Died at	Sandy Spring	Month	Day	Y.	M.	D.	Native of	Occupation
Date	1903	3	14	Age	54-3	-	Harrowed, Maryland	Servant
	Male	White		Married		Widow	Divorced	
	Female	Colored		Single		Widower	Number of children living	2 -

Husband of albert King

Father's Name James Howard

Mother's Name Rosina Howard.

Cause of Death Primary Paralysis

How long sick

3 days

Death Immediate Convulsions

Accident, Suicide, Homicide

Reported by

Roger Barker, M.D.

Address Sandy Spring and

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Lydia M. E. Klundinst

Town

County

MARYLAND

Died at

Cherry Chase

Montgomery

Date 189	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Mar	16	Age -	1. 27		Md	—
Male	White	Married	Widow	Divorced			
Female	Concord	Single	Widower	Number of children living			

Husband of —

Wife

Father's

Name

Clarance Klundinst

Mother's Name

Klundinst

Cause of

Primary

Death

Immediate

Pneumonia

Exhaustion

93

How long sick

3 weeks

Accident, Suicide, Homicide

Reported by

W. L. Lewis M.D.

Washington D.C.

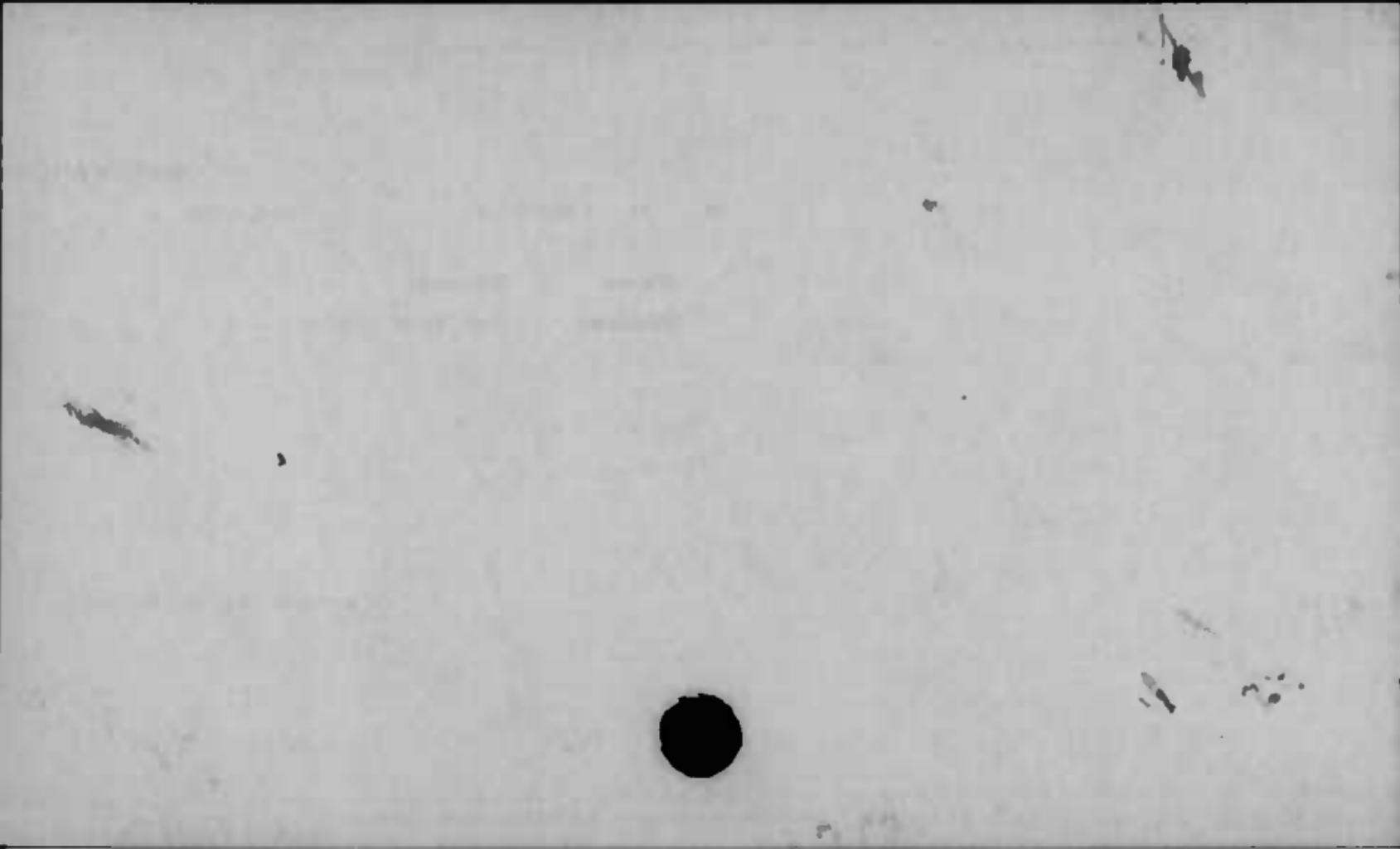
Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

2





McCullough

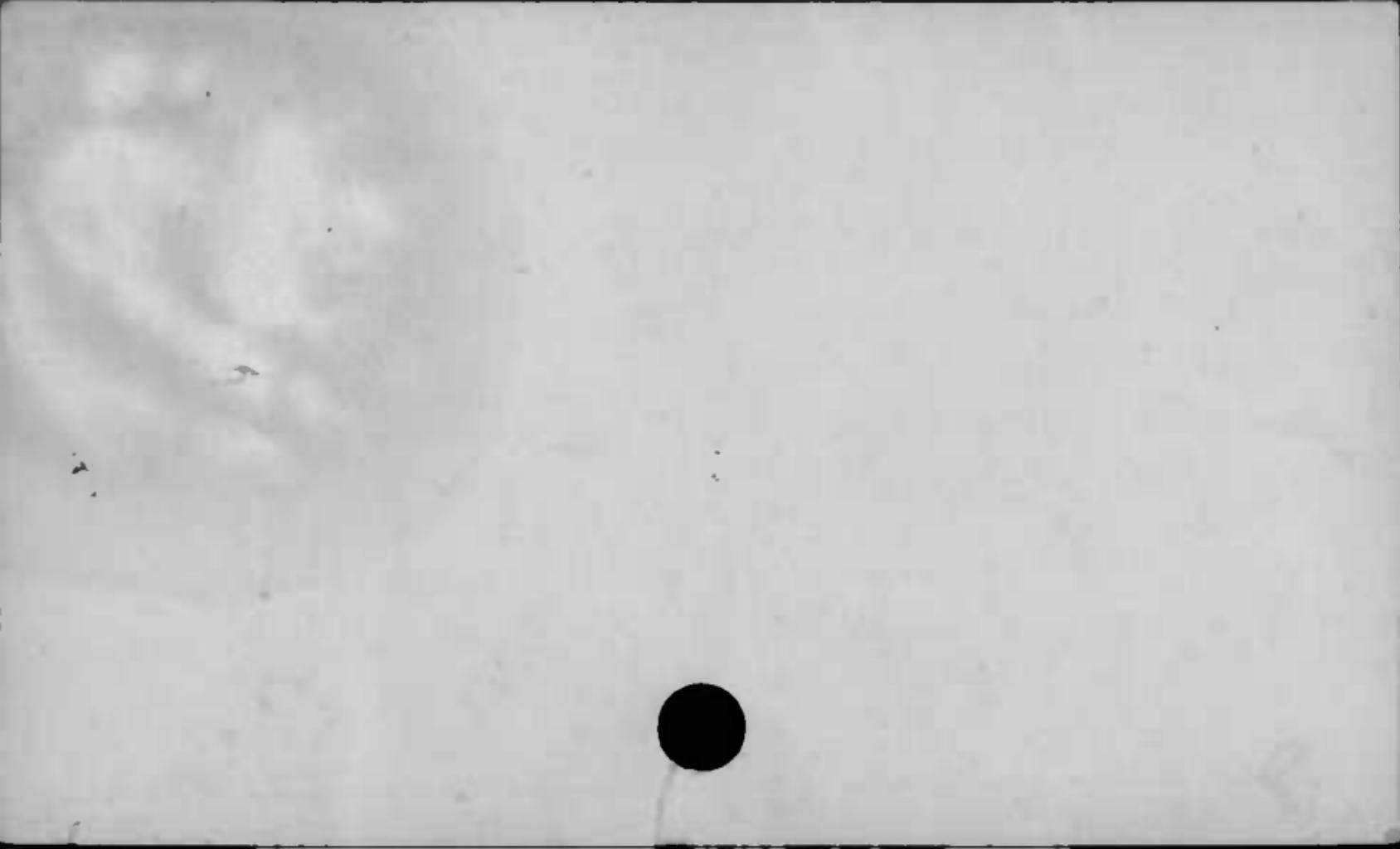
Died at	Town	Quince Orchard	County	Montgomery	MARYLAND	
Date 1903	Month	3	Day	2	Y. M. D.	
	Age	75			Native of	
					Ireland	
	Male	White	Married	Widow	Occupation	
	Female	Colored	Single	Widower	Honewife	
Husband of	<i>Jno McCullough</i>					Number of children living
Wife	<i>Mary H. McCullough</i>					3 living
Father's Name	<i>Patrick Coleman</i>					Mother's Maiden Name
Cause of Death	Primary: La Grippe with organic Heart Immediate: complications					How long sick 16 days
						Accident, Suicide, Homicide

Reported by

A.B. Haddox M.D.

Gaithersburg [redacted] *Maryland*

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Maria Ann Miles

Town

County

Died at Montgomery MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
------	-------	-----	----	----	----	-----------	------------

1901	March	12	Age	1	10	3	
------	-------	----	-----	---	----	---	--

Male	White	<u>Married</u>	Widow	<u>Divorced</u>
------	-------	----------------	-------	-----------------

Female	Colored	Single	Widower	Number of children living
--------	---------	--------	---------	---------------------------

Husband of	
------------	--

Wife	
------	--

Father's Name	<u>John Wesley Miles</u>	Mother's Name	
---------------	--------------------------	---------------	--

Cause of Death	Primary	How long sick
----------------	---------	---------------

	<u>Whooping Cough</u>	
--	-----------------------	--

	Immediate	
--	-----------	--

	<u>Spasms</u>	8
--	---------------	---

		Accident, Suicide, Homicide
--	--	-----------------------------

Reported by	<u>I N Miles</u>	
-------------	------------------	--

Address		
---------	--	--

	<u>of Emilia</u>	
--	------------------	--

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

Attended by Dr......

of.....

Seen by Coroner.....

of.....

Information contained in this certificate received

from.....

of.....



Name in Full

Edward Offutt

Certificate of Death

Died at

Town

Mt. Zion

County

MARYLAND

Month

Day

Y.

M.

D.

Native of

Ind

Occupation

Laborer

Date 1903

Mar 22

Age 26

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

Henry Offutt

Mother's
Maiden Name

Annie Jasper

Cause of

Primary

Pulmonary Tuberculosis

How long sick

about 6 mon

Death

Immediate

Master

Accident, Suicide, Homicide

Reported by

VTT Dyson

27

Address

& Laytonville Montgomery Co

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mary E. Olson

Town

County

Died at

Cherry Chase

Montgomery

MARYLAND

Date 1913

Month Mar

Day 29

Y.

M.

D.

Native of

N.Y.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband

Wife

Father's

Name

Mother's

Name

Cause of

Primary

Old age

154

How long sick

Death

Immediate

General debility

Accident, Suicide, Homicide

Reported by

Dr. W. Dominguez MD

Address

1312 S. St. N.W.



Washington

D.C.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Hattie Phenix

Died at Brookville Town Montgomery County MARYLAND

Date <u>1903</u>	Month <u>March</u>	Day <u>5</u>	Y. <u>13</u>	M. <u>-</u>	D. <u>-</u>	Native of <u>Montgomery Co.</u>	Occupation <u>School Girl</u>
Male	White	Married		Widow	Divorced		
Female	Colored	Single		Widower		Number of children living	

Husband of _____

Wife _____

Father's Name Beverly Phenix Mother's Name Mary Deborah Phenix

Cause of Death	Primary <u>Pulmonary Tuberculosis</u>	How long sick <u>More than a year</u>
	Immediate <u>Asthenia</u>	

Death	<u>Asphyxia</u>	<u>Accident, Suicide, Homicide</u>
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Reported by W. J. Green M.D.

Address Brookville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full

Certificate of Death

Iph George Reisinger

Town

County

Died at Rockville Montgomery Co.

MARYLAND

Month	Day	Y.	M.	D.	Native of	Occupation
Mar	20	Age	65	8	Germany	Baker
Male	White	Married		Widow	Divorced	
Female	Colored	Single		Widower		Number of children living

Husband of	Wife	Father's Name	Mother's Name	Cause of Death	How long sick
Dorethea Reisinger	Philip Reisinger	Mary	Reisinger	Primary Diabetes Mellitus	5 yrs.
				Coma	Accident, Suicide, Homicide

Reported by

W. P. Andrew, M.D.

Address

[Redacted]
Rockville, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



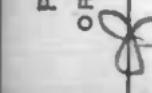
Name
in
Full

Vera Luraria Ricks

CERTIFICATE OF DEATH

To BE ANSWERED BY
NEAREST FRIEND

PHYSICIAN
OR CORONER



Died at	Town <u>Polomac</u>	County <u>Montgomery</u>	MARYLAND		
Date of death 190	3 Month 3	Day 15	Age X	Months 18	Days X
Sex Female	Color or Race <u>Negro</u>	Occupation <u>None.</u>			
Married, Single or Widowed <u>Single</u>					
Name of Wife or Husband <u>X</u>					
Father's Name <u>John Ricks</u>				Father's Birthplace <u>X</u>	
Mother's Maiden Name <u>Elizabeth Ricks</u>				Mother's Birthplace <u>X</u>	
Name of person giving Information <u>Josieb Mack</u>				How related to deceased <u>None.</u>	

CAUSES OF DEATH

Primary <u>Laryngeal</u>	10	How long <u>X</u>
Immediate <u>Meningitis</u>		How long <u>about 16 days.</u>
Are the name, age, sex, color, date and place correctly given above? <u>Yes.</u>	Signature of Physician <u>In physician's attendance</u>	
Address <u>1101 M.D., Polomac Rd.</u>		
Accident or Suicide? <u>X</u>		

101



Name
in
Full

TO BE ANSWERED BY
NEAREST FRIEND

Carl Rosier

CERTIFICATE OF DEATH

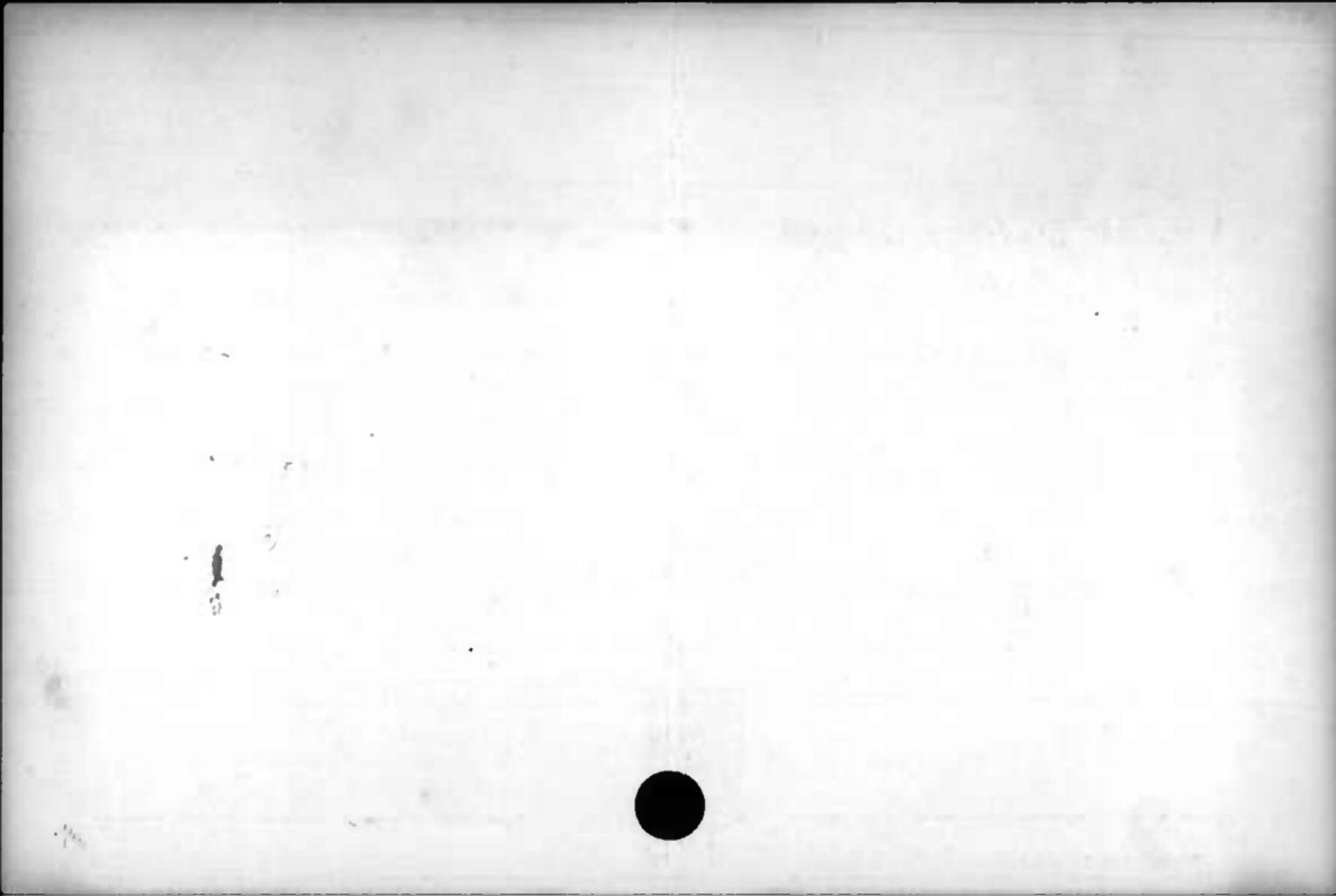
Died at <u>Coopersville</u>		Town	County <u>Montgomery</u>	MARYLAND		
Date of death 1903	Month <u>March</u>	Day <u>6</u>	Age <u>0</u>	Years <u>0</u>	Months <u>10</u>	Days <u>10</u>
Sex <u>Male</u>	Color or Race <u>Afro-American</u>	Occupation <u>Single</u>		Birth- place <u>Md.</u>		
Married, Single or Widowed						
Name of Wife or Husband						
Father's Name <u>Lephas. Rosier</u>					Father's Birthplace <u>Md.</u>	
Mother's Maiden Name <u>Frine McAllister</u>					Mother's Birthplace "	
Name of person giving Information	"	"	"	How related to deceased <u>Mother</u>		

CAUSES OF DEATH

PHYSICIAN
OR CORONER

Primary		How long <u>Abrah. wk.</u>
Immediate <u>Pneumonia</u>	93	How long
Are the name, age, sex, color, date and place correctly given above?	Signature of Physician <u>H. J. Brown</u>	
	Address <u>Burnt Mills</u>	
Accident or Suicide? <u>None</u>		<u>Md.</u>

8



Name in Full

Certificate of Death

Benjamin (Hanson?) Adgeoric

Town

County

Died at Norbeck, Maryland Co.

MARYLAND

Date	Month	Day	Y.	M.	D.	Native of	Occupation
1903	Mar	10	Age	15		Md.	
Male	White		Married		Widow	Divorced	
Female	Colored		Single		Widower	Number of children living	

Husband _____ of _____

Father's

Name Baker Adgeoric

Mother's

Name Anna Adgeoric

Cause of Death	Primary	Secondary	How long sick
Death	Immediate	Typhoid fever Hemorrhage	Accident, Suicide, Homicide

Reported by

M. A. Andrews,
Rockville

Address

8

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Siemens

Town

Martinsburg

County

Montgomery

MARYLAND

Died at

Month

Dey

Y.

M.

D.

Native of

Occupation

Date 1903

March 18

Age

2

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

Husband of

Wife

Father's

Name

John Siemens

Mother's

Maiden Name

Ellen Jenkins

How long sick

Cause of

Primery

Death

Immediete

Pneumonia 93

Accident, Suicide, Homicide

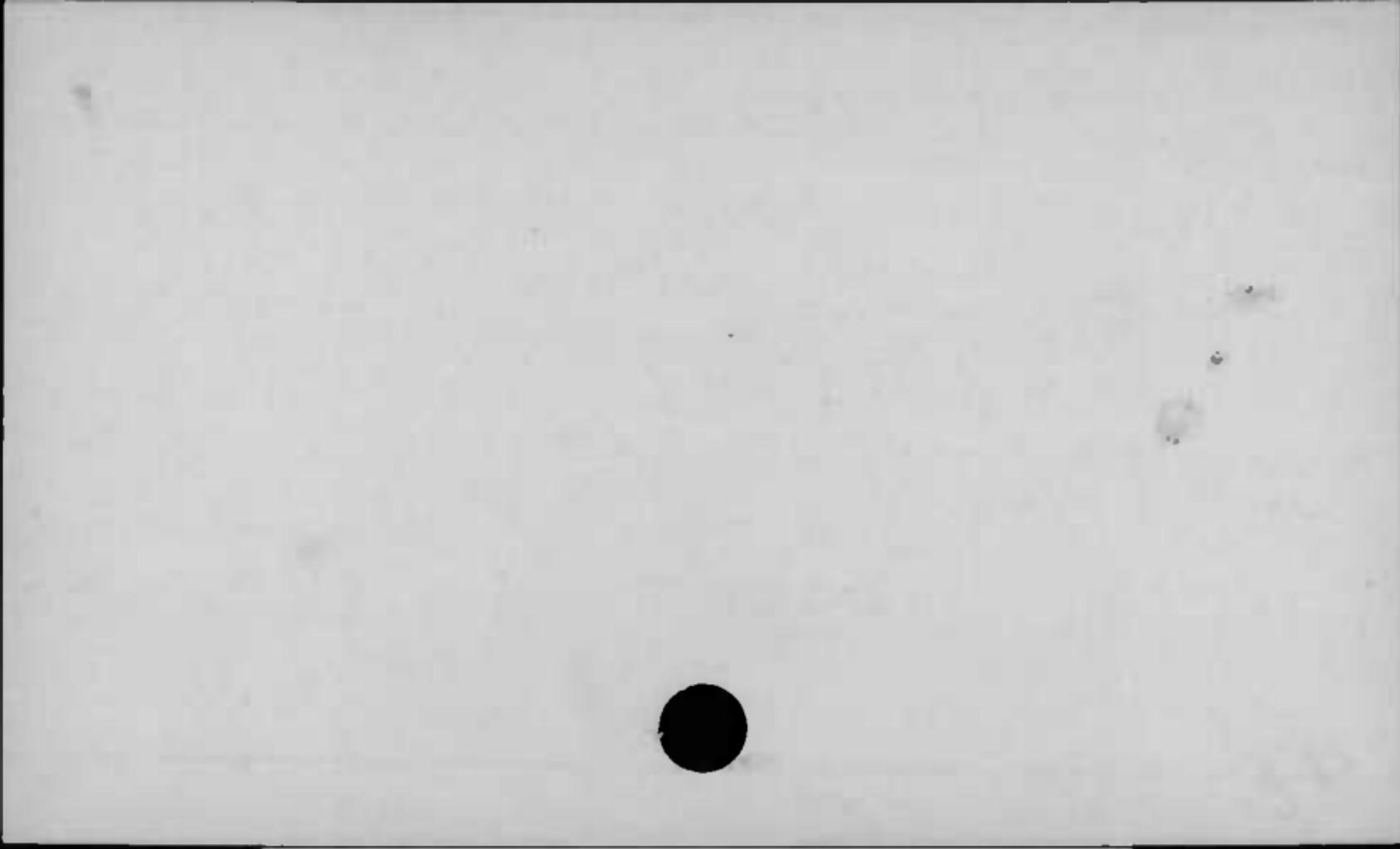
Reported by

John Siemens

Address

Martinsburg Md

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Horace William Stoenis

Town

Martinsburg

County

Monong -

MARYLAND

Died at

Month

Day

Y.

M.

D.

Date 1903

Mar 1

Age 43

7. 21

Male

White

Married

Wid.

Native of

MD

Occupation

Laborer

Female

Colored

Single

Divorced

Number of children living

2

Husband of

Mary Plachin

Wife

Mother's

Father's

Maiden Name

Name

Cause of

Primary

How long sick

2 years

Death

Immediate

Consumption

Accident, Suicide, Homicide

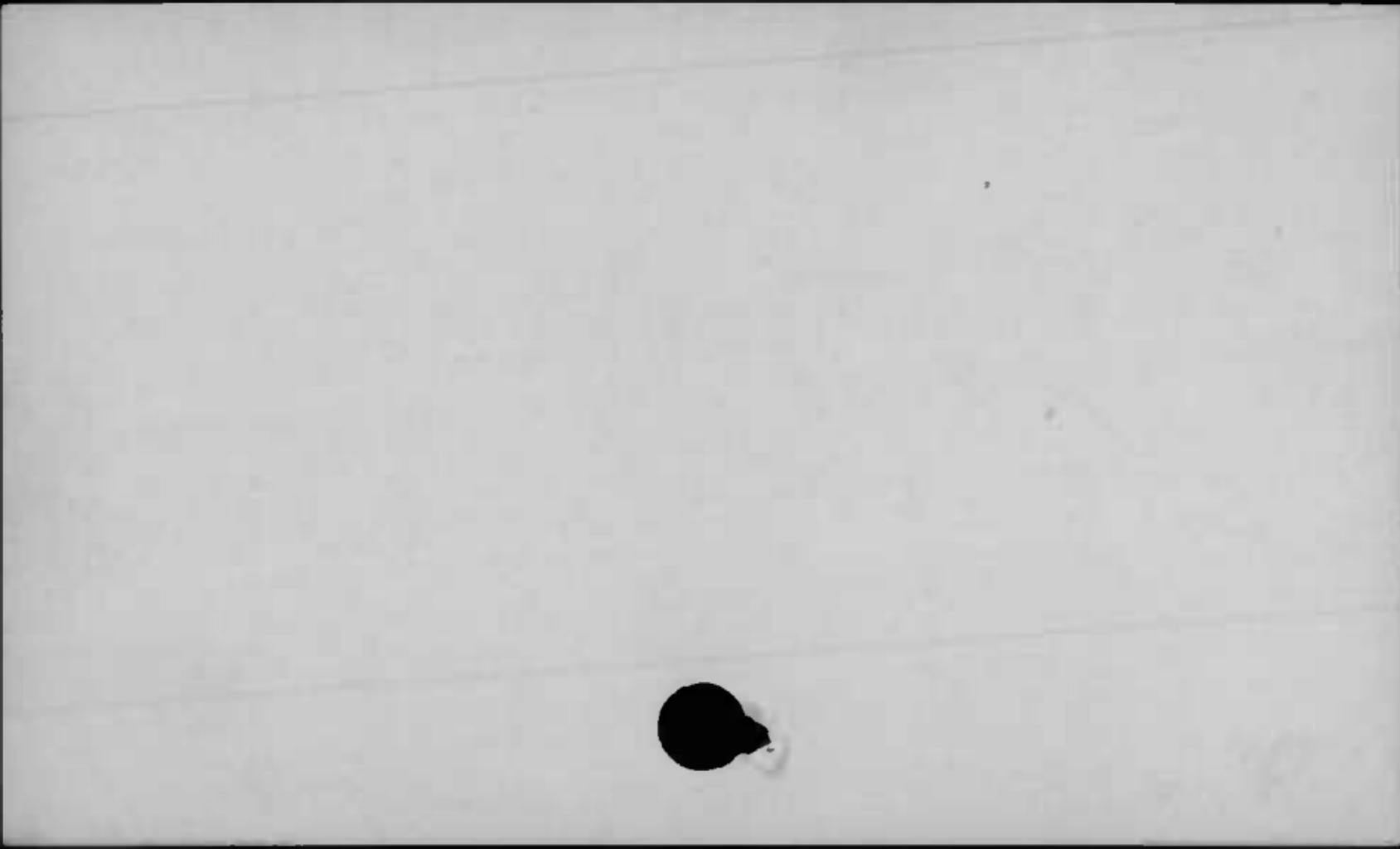
Reported by

J. S. Poole

Address

Poolesville MD

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Benjamin Shoupeon

Town

County

MARYLAND

Died at Drwood

Montgomery

Month Day

Y. M. D.

Native of

Occupation

Date 1908

3 / 3

Age 77 x x

Md

—

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

X

Husband of

X

Wife

Father's

Mother's

Name

Maiden Name

Cause of

Primary

General debility

How long sick

5 days

Death

Immediate

La Sprague

Accident, Suicide, Homicide

Reported by

O. M. Luthier

10

W.S.

Address

Rockville

Montgomery

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



George Thornton Jr.

Died near Olney Montgomery MARYLAND

Town	Month	Day	Y.	M.	D.	Native of	Occupation
Olney	March	30	3	-	-	Md	-
Male	White		Age				
Female	Colored		Married			Widow	Divorced
			Single			Widower	Number of children living

Husband of _____

Wife _____

Father's Name George Thornton Mother's Name Bessie Kill

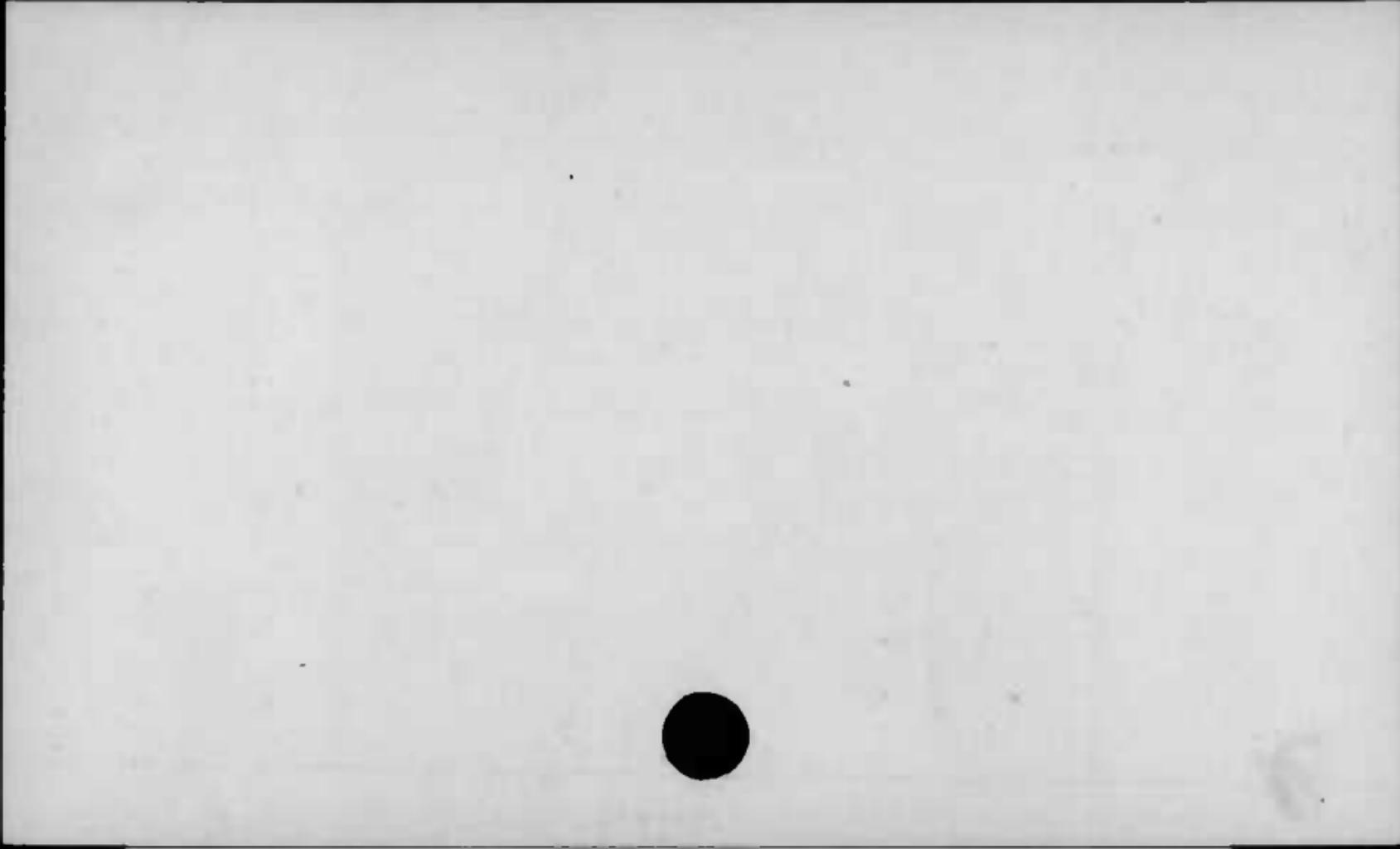
Cause of Death Primary Measles, Nephritis. How long sick about 2 weeks.

Death Immediate Dropsy Accident, Suicide, Homicide

Reported by Chas. Forguebar, M. D.

Address Olney, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Name in Full:

Certificate of Death

Mary C. Vaugh

Town

County

MARYLAND

Died at Somerset Heights Montgomery

1903

Date 189

Month 3

Day 30

Y. 42

M. 6

D.

Native of o.c.

Occupation

Male

White

Married

Widow

Divorced

Female

Colored

Single

Widower

Number of children living

5

Husband of

Wm C Vaugh

Wife

Mother's

Father's

Name

Name

Cause of

Primary

Puerperal

38

How long sick
10 days

Death

Immediate

Septicemia

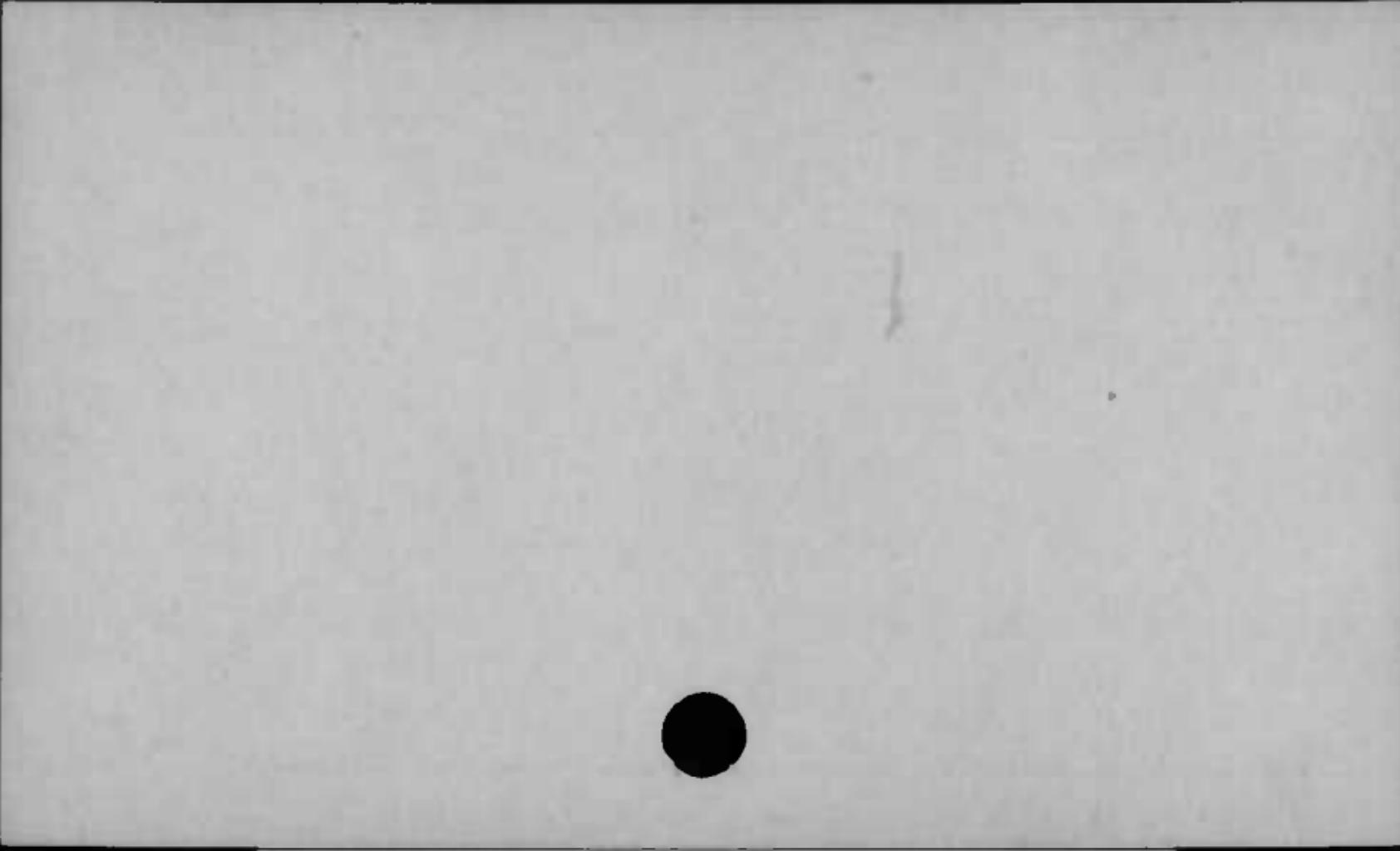
Accident, Suicide, Homicide

Reported by

Address

John L. Lewis M.D.
Bethesda, Md.

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.



Mrs Ann White

Town County MARYLAND
Died at Poolesville Montgomery

Date 1903	Month March	Day 5 th	Y. 76.	M. /	D. /	Native of Ned	Occupation Housewife
Male		White	Married		Widow	Divorced	
Female		Colored	Single		Widower	Number of children living 8	

Husband of Joseph White

Wife

Father's

Name

Cause of

Death

Mother's
Maiden Name

Mary Beir

How long sick
one week

Accident, Suicide, Homicide

Reported by

B. W. Walling M.D.

Poolesville, Ned

Address

Must be signed by physician, if any in attendance, otherwise by coroner, undertaker or minister.

